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Please type a plus sign (+) inside this box → ☒PTO/SB/21 (12-97)  
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<b>TRANSMITTAL FORM</b> <i>(to be used for all correspondence after initial filing).</i>	<b>Application Number</b>	09/106,519	
	<b>Filing Date</b>	June 29, 1998	
	<b>First Named Inventor</b>	Keith McCloghrie et al.	
	<b>Group Art Unit</b>	2731	
	<b>Examiner Name</b>	Not Assigned	
<b>Total Number of Pages in This Submission</b>	18	<b>Attorney Docket Number</b>	CIS-044

ENCLOSURES (check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form	<input checked="" type="checkbox"/> Assignment Papers (for an Application) copy	<input type="checkbox"/> After Allowance Communication to Group
<input checked="" type="checkbox"/> Fee Attached	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input type="checkbox"/> Amendment / Response	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition Routing Slip (PTO/SB/69) and Accompanying Petition	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> To Convert a Provisional Application	<input type="checkbox"/> Status Letter
<input checked="" type="checkbox"/> Extension of Time Request	<input checked="" type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input checked="" type="checkbox"/> Additional Enclosure(s) (please identify below):
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Terminal Disclaimer	<b>Declaration</b> Return Postcard
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Small Entity Statement	
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> Request for Refund	
<input checked="" type="checkbox"/> Response to Missing Parts/Incomplete Application	<b>Remarks</b>	
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or Individual name	Steven A. Swernofsky Reg. No. 33,040
Signature	
Date	December 16, 1998

CERTIFICATE OF MAILING	
I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Assistant Commissioner for Patents, Washington, D.C. 20231 on this date: December 17, 1998	
Typed or printed name	Arlette Malhas
Signature	
Date	December 17, 1998

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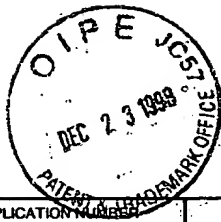
PTO/SB/17 (12-97)  
Approved for use through 9/30/00. OMB 0651-0032  
Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

<b>FEE TRANSMITTAL</b>  <i>Note: Effective October 1, 1997. Patent fees are subject to annual revision.</i>		<b>Complete if Known</b>	
		Application Number	09/106,519
<b>TOTAL AMOUNT OF PAYMENT</b> (\$) <b>1856.00</b>		Filing Date	June 29, 1998
		First Named Inventor	Keith McCloghrie, et al.
		Group Art Unit	2731
		Examiner Name	Not Assigned
		Attorney Docket Number	CIS-044

<b>METHOD OF PAYMENT (check one)</b>		<b>FEE CALCULATION (continued)</b>																																																																																																																													
1. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge indicated fees and credit any over payments to: Deposit Account Number: <b>50-0365</b> Deposit Account Name: <b>Law Offices of Steven A. Swernofsky</b> <input checked="" type="checkbox"/> Charge Any Additional Fee Required Under 37 CFR 1.16 and 1.17 <input type="checkbox"/> Charge the Issue Fee Set in 37 CFR 1.18 at the Mailing of the Notice of Allowance		<b>3. ADDITIONAL FEES</b>																																																																																																																													
2. <input checked="" type="checkbox"/> Payment Enclosed: <input checked="" type="checkbox"/> Check <input type="checkbox"/> Money Order <input type="checkbox"/> Other																																																																																																																															
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<b>SUBMITTED BY</b>		<b>Complete (if applicable)</b>	
Typed or Printed Name	Steven A. Swernofsky	Reg. Number	33,040
Signature	<i>SA Swernofsky</i>	Date	Dec. 16, 1998
		Deposit Account User ID	50-0365

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UNITED STATES DEPARTMENT OF COMMERCE  
Patent and Trademark Office  
Address: COMMISSIONER OF PATENTS AND TRADEMARKS  
Washington, D.C. 20231

APPLICATION NUMBER	FILING/RECEIPT DATE	FIRST NAMED APPLICANT	ATTORNEY DOCKET NO./TITLE
09/106,519	06/29/98	MCCLUGHRIE	K CIS-044

0242/0720

STEVEN A SWERNOFSKY  
POST OFFICE BOX 390013  
MOUNTAIN VIEW CA 94039-0013

NOT ASSIGNED

2731

DATE MAILED:

07/20/98

### NOTICE TO FILE MISSING PARTS OF APPLICATION Filing Date Granted

An Application Number and Filing Date have been assigned to this application. The items indicated below, however, are missing. Applicant is given **TWO MONTHS FROM THE DATE OF THIS NOTICE** within which to file all required items and pay fees required below to avoid abandonment. Extensions of time may be obtained by filing a petition accompanied by the extension fee under the provisions of 37 CFR 1.136(a). If any of items 1 or 3 through 5 are indicated as missing, the **SURCHARGE** set forth in 37 CFR 1.16(e) of ☐ \$65.00 for a small entity in compliance with 37 CFR 1.27, or ☒ \$130.00 for a non-small entity, must also be timely submitted in reply to this NOTICE to avoid abandonment.

If all required items on this form are filed within the period set above, the total amount owed by applicant as a ☐ small entity (statement filed) ☒ non-small entity is \$ 130.00.

- ☒ 1. The statutory basic filing fee is:
- ☒ missing.
  - ☒ insufficient.
- Applicant must submit \$ 790 to complete the basic filing fee and/or file a small entity statement claiming such status (37 CFR 1.27).
- ☒ 2. Additional claim fees of \$ 140, including any multiple dependent claim fees, are required.
- \$ \_\_\_\_\_ for \_\_\_\_\_ independent claims over 3.
- \$ \_\_\_\_\_ for \_\_\_\_\_ dependent claims over 20.
- \$ \_\_\_\_\_ for multiple dependent claim surcharge.
- Applicant must either submit the additional claim fees or cancel additional claims for which fees are due.
- ☒ 3. The oath or declaration:
- ☒ is missing or unexecuted.
  - ☒ does not cover the newly submitted items.
  - ☐ does not identify the application to which it applies.
  - ☐ does not include the city and state or foreign country of applicant's residence.
- An oath or declaration in compliance with 37 CFR 1.63, including residence information and identifying the application by the above Application Number and Filing Date is required.
- ☐ 4. The signature(s) to the oath or declaration is/are by a person other than inventor or person qualified under 37 CFR 1.42, 1.43 or 1.47.
- A properly signed oath or declaration in compliance with 37 CFR 1.63, identifying the application by the above Application Number and Filing Date, is required.
- ☐ 5. The signature of the following joint inventor(s) is missing from the oath or declaration:

An oath or declaration in compliance with 37 CFR 1.63 listing the names of all inventors and signed by the omitted inventor(s), identifying this application by the above Application Number and Filing Date, is required.

- ☐ 6. A \$50.00 processing fee is required since your check was returned without payment (37 CFR 1.21(m)).
- ☐ 7. Your filing receipt was mailed in error because your check was returned without payment.
- ☐ 8. The application does not comply with the Sequence Rules.  
See attached "Notice to Comply with Sequence Rules 37 CFR 1.821-1.825."
- ☒ 9. OTHER:

Direct the reply and any questions about this notice to "Attention: Box Missing Parts."

**A copy of this notice MUST be returned with the reply.**

Customer Service Center  
Initial Patent Examination Division (703) 308-1202

PART 2 - COPY TO BE RETURNED WITH RESPONSE

FORM PTO-1533 (REV. 9/97)

01/04/1999 TLJ111 00000112 500365 09106519  
02 FC:105 130.00 DP  
03 FC:101 790.00 DP  
04 FC:108 22.00 DP  
05 FC:102 44.00 DP  
38.00 CH